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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.
☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

LEGISLATOR INFORMATION

Name BARRY J. HOBBS	Member of: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address 22 GLENHAVEN CIRCLE	District 5
City, zip code SACO, MAINE 04072	Phone (207) 282-7101 (H) (207) 282-5925 (W)

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: LAW OFFICES OF BARRY J. HOBBS P.A. HOBBS + GARONER LLC Address: 110 MAIN ST SUITE 1508	ATTORNEY GENERAL PRACTICE OF LAW	GENERAL PRACTICE OF LAW, P.A. LLC.
Name: NORTH LAND TITLE COMPANY LLC Address:	REAL ESTATE CLOSING, TITLE SEARCHES, TITLE INSURANCE	LLC, SOLE MEMBER REAL ESTATE CLOSING ETC.

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: NORTHLAND TITLE COMPANY LLC Address: 110 MAIN ST SUITE 1508, SACO, MAINE 04072	LLC (SOLE MEMBER) REAL ESTATE CLOSINGS TITLE INSURANCE
Name: LAW OFFICES OF BARRY J. HOBBS PA. HOBBS + GARDNER LLC Address: 110 MAIN ST SUITE 1508, SACO, ME 04072	P.A. LLC GENERAL PRACTICE OF LAW / LAW OFFICE

PART 3. MAJOR AREAS OF PRACTICE

(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: LAW OFFICES OF BARRY J. HOBBS PA. HOBBS + GARDNER LLC Address: 110 MAIN STREET SACO, MAINE 04072	GENERAL PRACTICE FAMILY LAW, PROBATE REAL ESTATE ADOPTION PERSONAL INJURY LAND USE PERMITTING TELECOMMUNICATIONS PERMITTING CRIMINAL LAW	GENERAL PRACTICE OF LAW; (PLEASE SEE ADDITIONAL IN- FORMATION SECTION)
Name: (PLEASE SEE ADDITIONAL INFORMATION SECTION FOR FURTHER INFO.) Address: (PLEASE SEE ADDITIONAL INFORMATION SECTION FOR FURTHER INFO.)		

PART 4. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.

Name and Address of Source	Kind of Income (investments, leases, etc.)
<input type="checkbox"/> None (PLEASE SEE ADDITIONAL INFORMATION SECTION FOR FURTHER INFORMATION)	
Name: SACO + BIDEFORD SAVINGS INSTITUTION Address: 252 MAIN ST SACO, ME	INTEREST ON SAVINGS ACCOUNTS + CHECKING ACCOUNTS
Name: BANGOR SAVINGS BANK Address: P.O. BOX 04402-0930	INTEREST EARNED FROM SAVINGS ACCOUNT

PART 5. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
<input checked="" type="checkbox"/> None	
Name: _____ Address: _____	
Name: _____ Address: _____	

PART 6. REPORTABLE GIFTS

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

Name of Source of Gift	Name of Source of Gift
<input checked="" type="checkbox"/> None	
1. _____	3. _____
2. _____	4. _____

PART 7. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.

☐ None

Name of Source of Honoraria

Name of Source of Honoraria

1. ~~BROADBAND~~
NCSL BOSTON CONFERENCE ATTENDEE

NEW ENGLAND ~~CON~~ PUBLIC UTILITIES
COMMISSIONERS ASSOCIATION CONFERENCE

2. EXPENSES (PARTIAL REIMBURSEMENT)
2 DAYS \$700 BY NCSL.

4. GUEST PANELIST MYSTIC, CONN.
LODGING, MEALS (NO MILEAGE) (2 DAYS)

PART 8. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

(PLEASE SEE ADDITIONAL INFORMATION SECTION FOR FURTHER INFORMATION)

☐ None

LEGAL SERVICES RENDERED FOR CLIENTS

Name of Agency

Name of Agency

1. DEPARTMENT OF LABOR
UNIVERSITY OF MAINE

3. MAINE REVENUE SERVICE
DEPARTMENT OF GENERAL SERVICES

2. ~~REHABILITATION SERVICES~~
DEPARTMENT OF PUBLIC SAFETY

4. OFFICE OF
SECRETARY OF STATE

PART 9. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.

☐ None

Name of Agency

Name of Agency

1. RENTAL/LEASE INCOME IMPUTED
THROUGH 74 BEACH ST ASSOCIATES AS

3. SACO ISLAND LOCATION

2. GENERAL PARTNER OF CUTTS ISLAND
GROUP

4. UNIVERSITY OF MAINE
DEPARTMENT OF LABOR
REHABILITATION SERVICES

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.

Type of Economic Activity Representing Source of Income Received

Circle appropriate letter

Kind of Income

1. EDUCATION (SPECIAL EDUCATION TEACHER)

(S) D

EMPLOYMENT

2. WAITRESS
ENVIRONMENT SCIENCE INTERN
(N.H. FISHERIES AND WILDLIFE)

S (D)

SUMMER
EMPLOYMENT

3. ARCHITECTURAL FIRM (BOSTON)

S (D)

STUDENT
INTERNSHIP/CO-OP

4.

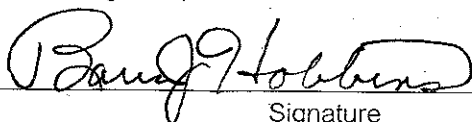
S D

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)


Signature

2/12/08
Date

NAME: BARRY J. HOBBS

DATE: 2/12/08

ADDRESS: 22 GLENHAVEN CIRCLE, SACO, MAINE 04072

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section
Number

PART 3. MAJOR AREA OF PRACTICE

(SELF)

- MUNICIPAL LAW
- PUBLIC POLICY / LEGAL STRATEGY
- GOVERNMENTAL RELATIONS (NON LEGISLATIVE)
- CORPORATE / SMALL BUSINESS

(FIRM)

- (IN ADDITION)
- FELONY CHARGES
 - SEX OFFENSE
 - BUSINESS LAW
 - GOVERNMENTAL RELATIONS (NON LEGISLATIVE)
 - PARTNERSHIPS
 - CMV CASES
 - DRUG CHARGES
 - OUI/HO/OAS
 - ASSAULT

PART 4. OTHER SOURCES OF INCOME

- 74 BEACH STREET ASSOCIATES
C/O 110 MAIN ST. SUITE 1508
SACO, MAINE 04072

- 74 BEACH ST (REAL ESTATE)
74 BEACH ST.
SACO, MAINE 04072

- SACO VALLEY FEDERAL CREDIT UNION
312 MAIN ST
SACO, MAINE

- RBC DAIN RAUSCHER
1 PORTLAND SQUARE
PORTLAND, MAINE 04101

- EDWARD JONES
292 MAIN STREET
SACO, MAINE 04072

- NORTH COUNTRY HEALTHCARE
ASSOCIATES
ROCKLAND, MAINE

- STATE OF MAINE
STATE HOUSE
AUGUSTA ME 04333

- ING FINANCIAL SERVICES/ADVISORS
PO. BOX 305 S COMMUNITY DRIVE
AUGUSTA, MAINE 04333

- (DISTRIBUTION)
- GENERAL PARTNER
 - REAL ESTATE INVESTMENT
 - INCUTES ISLAND GROUP
 - IMPUTED INCOME, SALE OF
 - SACO ISLAND PARTNERSHIP INTEREST
 - RENTAL INCOME (4 UNIT PROPERTY)

INTEREST ON ACCOUNTS

STOCK PORTFOLIO INCOME
CAPITAL, GAINS, DIVIDENDS

PORTFOLIO ACCOUNT
DIVIDENDS

SALE PROCEEDS OF LIMITED
PARTNERSHIP INTEREST, IMPUTED
INCOME FROM SALE (10% INTEREST)

LEGISLATIVE SALARY, PER DIEM
CONSTITUENT SERVICES

STATE OF MAINE PRIVATE DEFERRED
COMPENSATION PLAN

PART 8.

REPRESENTATION BEFORE STATE AGENCIES

- DEPARTMENT OF CONSERVATION
- MAINE DEPARTMENT OF TRANSPORTATION
- MAINE ATTORNEY GENERAL OFFICE (INCLUDING DISTRICT ATTORNEYS)
- DEPARTMENT OF ENVIRONMENTAL PROTECTION
- GAMBLING CONTROL BOARD
- DEPARTMENT OF BUSINESS PROFESSIONAL REGULATION

- LAND USE REGULATION COMMISSION
- MAINE COURT SYSTEM
- MAINE HUMAN RIGHTS COMMISSION